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Dated: May 16, 2005

Signature: 

(Marco Jimenez)

Patent

Docket No. 440402000600

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jason F. HUNZINGER

Serial No.: 10/029,489

Filing Date: December 20, 2001

For: FORWARD-LINK RESCUE  
SYNCHRONIZATION METHOD AND  
APPARATUS

Examiner: E. Orgad

Group Art Unit: 2684

Notice of Allowance Dated:  
May 9, 2005

Confirmation No.: 4631

**EIGHTH SUPPLEMENTAL INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicant submits for consideration in the above-identified application the U.S. documents listed on the attached Form PTO/SB/08a/b. Copies of the documents are enclosed. The Examiner is requested to make these documents of record.

The documents listed on the attached Form PTO/SB/08a/b were cited in an office action dated April 27, 2005 for related U.S. Serial No. 09/978,974. A certification under 37 C.F.R. § 1.97(e)(1) follows:

I hereby certify that each item of information was first cited in a communication from the U.S. patent office in a related application not more than three months prior to the filing of this Information Disclosure Statement.

05/20/2005 0XELFCM1 00000014 021952 10029489

01-FC-1806 100.00 DA  
1a-793964

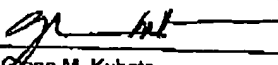
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PTO/SB/17 (12-04)

Approved for use through 07/31/2009. OMB 0831-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		<b>Complete if Known</b>	
		Application Number	10/029,489
		Filing Date	December 20, 2001
		First Named Inventor	Jason HUNZINGER
		Examiner Name	F. Ormad
		Art Unit	2684
		Attorney Docket No.	440402000600
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
FILING FEES		SEARCH FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	
Design	200	100	
Plant	200	100	
Reissue	300	150	
Provisional	200	100	
EXAMINATION FEES		EXAMINATION FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	200	100	
Design	130	65	
Plant	160	80	
Reissue	600	300	
Provisional	0	0	
<b>2. EXCESS CLAIM FEES</b>			
Fee Description		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x	=	Multiple Dependent Claims Fee (\$)
HP + highest number of total claims paid for, if greater than 20		Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	x	=	Fee Paid (\$)
HP + highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100 =	/ 50 =	(round up to a whole number) x	Fee Paid (\$)
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)			
Other: <u>Supplemental information disclosure statement</u>			180.00
SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,197
Name (Print/Type)	Glenn M. Kubota	Telephone	213 892 5752
		Date	May 16, 2005

la-793969

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CENTRAL FAX CENTER****To:****MAY 18 2005**

NAME:	FACSIMILE:	TELEPHONE:
Group Art 2684 ATTN: Edan Orgad	(703) 872-9314	

**FROM:** Beverly S. Carter**DATE:** May 18, 2005**05 MAY 18 PM 06:31**

Number of pages with cover page:	5	Your Ref.: 10/029,489 Our Ref.: 44040-20006.00
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Preparer of this slip has confirmed that facsimile number given is 9098/BSC4  
correct:**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Comments:**

Enclosed are copies of an IDS sent to you by express mail on May 13, 2005 and also sent by fax to another Patent office fax number. We were told that all documents for your group should be directed to the above number and so am resending this to you by fax, along with a corrected Form PTO SB/08/a/b.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL  
BEVERLY S. CARTER AT 213 892 5267 AS SOON AS POSSIBLE.**

LA-793379

This Information Disclosure Statement is submitted:

- ☒ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
- ☒ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)
- Applicant would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

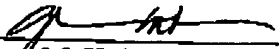
Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 440402000600.

Dated: May 16, 2005

Respectfully submitted,

By   
Glen M. Kubota  
Registration No.: 44,197  
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la-793964

ALTERNATIVE TO PTO/SB/08a/b (08-03)

Substitute for form 144B/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		Application Number	10/029,489
		Filing Date	December 20, 2001
		First Named Inventor	Jason F. HUNZINGER
		Art Unit	2684
		Examiner Name	E. Orgad
Sheet 1 of 1	Attorney Docket Number	440402000600	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US-6,104,927	08-15-2000	W. Willey	
	2.	US-20010055969-A1	04-20-2001	J. Bonta et al.	
	3.	US-20020034947-A1	03-21-2002	S. Sollman	
	4.	US-20030002525-A1	01-02-2003	F. Grilli	
	5.	US-20040233883-A1	11-25-2004	R. Ludwig et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>2</sup> -Number <sup>3</sup> -Kind Code <sup>4</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 18 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
la-793967	